## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUL FEE Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This appropriate. All further indicated unless correcte maintenance fee notifical	correspondence includired below or directed oth	or transmitting the ISSI ng the Patent, advance on nerwise in Block 1, by (a	JE FEE and PUBLICATION of Interest and notification of Interest and specifying a new correst	naintenance fees will be pondence address; and/	e mailed to the current or (b) indicating a separ	correspondence address as rate "FEE ADDRESS" for
CURRENT CORRESPONDE	ENCE ADDRESS (Note: Use Bl	ock 1 for any change of address)	Note Fee( pape	A certificate of maili s) Transmittal. This cert rs. Each additional pape	ng can only be used for ificate cannot be used fo er, such as an assignmen	domestic mailings of the or any other accompanying at or formal drawing, must
24239	7590 07/17	/2006	have	ts own certificate of m	ailing or fransmission.	
MOORE & VAN ALLEN PLLC				Certifica	te of Mailing or Transn	nission
		,	l her	reby certify that this Fee	e(s) Transmittal is being	deposited with the United
P.O. BOX 13706			addr	essed to the Mail Stop	ISSUE FEE address	deposited with the United class mail in an envelope above, or being facsimile te indicated below.
Research Triang	le Park, NC 27709		trans	smitted to the USPTO (5	71) 273-2885, on the da	(Depositor's name)
						(Signature)
			L			(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATT	ORNEY DOCKET NO.	CONFIRMATION NO.
10/018,879	08/05/2002		Nnochiri N. Ekwuribe		014811-188.74	8724
TITLE OF INVENTION: INSULIN PRODRUGS HYDROLYZABLE IN VIVO TO YIELD PEGLYLATED INSULIN						
				, ,,,,,		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1330	\$1400	10/17/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS			
RUSSEL, JEFFREY E		1654	424-520000			
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list						no Francis
CFR 1.363).  Change of correspondence address (or Change of Correspondence)			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,			
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  2 William A. Barrett  3 Moore & Van Allen PLLC			
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.						
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or typ	pe)		
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
(A) NAME OF ASSI	JINDE		(b) RESIDENCE: (CIT I	and STATE OR COON	(IRI)	
Biocon Limited Bangalore INDIA						
Please check the appropr	iate assignee category or	categories (will not be p	rinted on the patent): $\Box$	Individual 🛚 Corpora	ation or other private gro	up entity 🔲 Government
4a. The following fee(s)	are submitted:	Δ'	b. Payment of Fee(s): (Plea	sa first raannly any nr	oviously naid issue fee s	hown above)
Issue Fee	are submitted.	7	A check is enclosed.	se mist reapply any pro	criousty patu issue tee s	шини авичеј
	No small entity discount	nermitted)	Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # of Copies			图 The Director is hereby authorized to charge 斯斯尼斯斯德斯斯 any deficiency, or credit any overpayment, to Deposit Account Number 13-4365 (enclose an extra copy of this form).			
			overpayment, to Depos	sit Account Number 13	-4365 (enclose an	extra copy of this form).
5. Change in Entity Sta	tus (from status indicate s SMALL ENTITY state	•	☐ b. Applicant is no long	car alaiming CMANI EN	JTITY status Cos 27 OF	P 1 27(~)/2)
• •						
interest as shown by the	records of the United Sta	ites Patent and Trademark	d from anyone other than the Office.	are apprount; a registered	t attorney of agent, of the	c assignee of other party in
Authorized Signature	Maias	u Dauen	000000	Date Octobe	r 17, 2006	
Typed or printed name Marianne Fuierer				Registration No	39,983	
This collection of inform an application. Confiden	nation is required by 37 (tality is governed by 35 damplication form to the	CFR 1.311. The information U.S.C. 122 and 37 CFR	on is required to obtain or r 1.14. This collection is est	etain a benefit by the pu	blic which is to file (and es to complete, including	by the USPTO to process) g gathering, preparing, and

submitting the completed application form to the USF10. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.